

## FACILITY NAME AND PERMIT NUMBER:

Spotsylvania County High School VA0087271

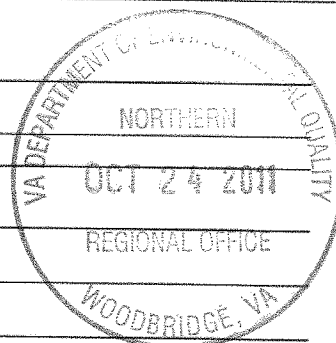
Form Approved 1/14/99  
OMB Number 2040-0086

## BASIC APPLICATION INFORMATION

## PART A. BASIC APPLICATION INFORMATION FOR ALL APPLICANTS:

All treatment works must complete questions A.1 through A.8 of this Basic Application Information packet.

## A.1. Facility Information.

Facility name Spotsylvania County High SchoolMailing Address 10900 HCC Drive  
Fredericksburg, Va. 22408Contact person Doug CrooksTitle Division Director WWTFTelephone number (540) 507-7362Facility Address 6975 Courthouse Rd.  
(not P.O. Box) Spotsylvania, Va. 22553

## A.2. Applicant Information. If the applicant is different from the above, provide the following:

Applicant name Spotsylvania County School BoardMailing Address 8020 River Stone Dr.  
Fredericksburg, Va. 22407Contact person Dr. Shelly K. RedingerTitle SuperintendentTelephone number (540) 834-2500

Is the applicant the owner or operator (or both) of the treatment works?

☒ owner ☐ operator

Indicate whether correspondence regarding this permit should be directed to the facility or the applicant.

☐ facility ☒ applicant

## A.3. Existing Environmental Permits. Provide the permit number of any existing environmental permits that have been issued to the treatment works (include state-issued permits).

NPDES VA0087271~~the~~ PETRO REMEDIATION-20103183RCRA PETRO REGISTRATION- 3011443PSE AIR REGISTRATION -40303Other WASTE VAD 988226023Other PWSID 3011443

## A.4. Collection System Information. Provide information on municipalities and areas served by the facility. Provide the name and population of each entity and, if known, provide information on the type of collection system (combined vs. separate) and its ownership (municipal, private, etc.).

Name	Population Served	Type of Collection System	Ownership
<u>Spotsylvania High School</u>	<u>1280</u>	<u>Separate</u>	<u>Municipal</u>
<u>Post Oak Middle School</u>	<u>900</u>	<u>Separate</u>	<u>Municipal</u>
<u>Total population served 2180</u>			

Form Approved 1/14/99  
OMB Number 2040-0086

#### A.5. Indian Country.

- Yes       ✓       No

- Yes       ✓       No

a. Design flow rate .028 mgd

<u>✓</u>	Separate sanitary sewer	100	%
	Combined storm and sanitary sewer		%

d. Does the treatment works discharge or transport treated or untreated wastewater to another treatment works? Yes ☒ No ☐

**FACILITY NAME AND PERMIT NUMBER:**Form Approved 1/14/99  
OMB Number 2040-0086

Spotsylvania County High School VA0087271

If yes, describe the mean(s) by which the wastewater from the treatment works is discharged or transported to the other treatment works (e.g., tank truck, pipe).

If transport is by a party other than the applicant, provide:

Transporter name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Contact person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_

For each treatment works that receives this discharge, provide the following:

Name: \_\_\_\_\_

Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Contact person: \_\_\_\_\_

Title: \_\_\_\_\_

Telephone number: \_\_\_\_\_

If known, provide the NPDES permit number of the treatment works that receives this discharge. \_\_\_\_\_

Provide the average daily flow rate from the treatment works into the receiving facility. \_\_\_\_\_ mgd

- e. Does the treatment works discharge or dispose of its wastewater in a manner not included in A.8.a through A.8.d above (e.g., underground percolation, well injection)?

\_\_\_\_\_ Yes

\_\_\_\_\_ ☒ No

If yes, provide the following for each disposal method:

Description of method (including location and size of site(s) if applicable):

Annual daily volume disposed of by this method: \_\_\_\_\_

Is disposal through this method \_\_\_\_\_ continuous or \_\_\_\_\_ intermittent?

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## FACILITY NAME AND PERMIT NUMBER:

Spotsylvania County High School VA0087271

Form Approved 1/14/99  
OMB Number 2040-0086

## WASTEWATER DISCHARGES:

If you answered "yes" to question A.8.a, complete questions A.9 through A.12 once for each outfall (including bypass points) through which effluent is discharged. Do not include information on combined sewer overflows in this section. If you answered "no" to question A.8.a, go to Part B, "Additional Application Information for Applicants with a Design Flow Greater than or Equal to 0.1 mgd."

## A.9. Description of Outfall.

- a. Outfall number 001
- b. Location N/A 22553  
(City or town, if applicable) (Zip Code)  
Spotsylvania Virginia  
(County) (State)  
38 22 50 N 76 16 30 W  
(Latitude) (Longitude)
- c. Distance from shore (if applicable) N/A ft.
- d. Depth below surface (if applicable) N/A ft.
- e. Average daily flow rate .0012 mgd
- f. Does this outfall have either an intermittent or a periodic discharge? ☒ Yes ☐ No (go to A.9.g.)
- If yes, provide the following information:
- Number of times per year discharge occurs: 225-250
- Average duration of each discharge: 8-10hours
- Average flow per discharge: .0012 mgd
- Months in which discharge occurs: August-thru-June
- g. Is outfall equipped with a diffuser? ☐ Yes ☒ No

## A.10. Description of Receiving Waters.

- a. Name of receiving water Ta River
- b. Name of watershed (if known) York River
- United States Soil Conservation Service 14-digit watershed code (if known): Unknown
- c. Name of State Management/River Basin (if known): Unknown
- United States Geological Survey 8-digit hydrologic cataloging unit code (if known): Unknown
- d. Critical low flow of receiving stream (if applicable):  
acute Unknown cfs chronic Unknown cfs
- e. Total hardness of receiving stream at critical low flow (if applicable): Unknown mg/l of CaCO<sub>3</sub>

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FACILITY NAME AND PERMIT NUMBER:  
Spotsylvania County High School VA0087271

Form Approved 1/14/99  
OMB Number 2040-0086

**A.11. Description of Treatment.**

a. What levels of treatment are provided? Check all that apply.

☐ Primary ☒ Secondary  
☒ Advanced ☐ Other. Describe: \_\_\_\_\_

b. Indicate the following removal rates (as applicable):

Design BOD<sub>5</sub> removal or Design CBOD<sub>5</sub> removal 95 %  
Design SS removal 95 %  
Design P removal 95 %  
Design N removal 95 %  
Other U %

c. What type of disinfection is used for the effluent from this outfall? If disinfection varies by season, please describe.

Ultraviolet Light

If disinfection is by chlorination, is dechlorination used for this outfall? ☐ Yes ☐ No

d. Does the treatment plant have post aeration? ☒ Yes ☐ No

**A.12. Effluent Testing Information.** All Applicants that discharge to waters of the US must provide effluent testing data for the following parameters. Provide the indicated effluent testing required by the permitting authority for each outfall through which effluent is discharged. Do not include information on combined sewer overflows in this section. All information reported must be based on data collected through analysis conducted using 40 CFR Part 136 methods. In addition, this data must comply with QA/QC requirements of 40 CFR Part 136 and other appropriate QA/QC requirements for standard methods for analytes not addressed by 40 CFR Part 136. At a minimum, effluent testing data must be based on at least three samples and must be no more than four and one-half years apart.

Outfall number: 001

PARAMETER	MAXIMUM DAILY VALUE		AVERAGE DAILY VALUE		
	Value	Units	Value	Units	Number of Samples
pH (Minimum)	6.9	s.u.			
pH (Maximum)	8.1	s.u.			
Flow Rate	0.030	MGD	0.022 0.012	MGD	104
Temperature (Winter)	8	C	10	C	66
Temperature (Summer)	27	C	27	C	73

\* For pH please report a minimum and a maximum daily value

POLLUTANT	MAXIMUM DAILY DISCHARGE		AVERAGE DAILY DISCHARGE			ANALYTICAL METHOD	ML / MDL
	Conc.	Units	Conc.	Units	Number of Samples		

**CONVENTIONAL AND NONCONVENTIONAL COMPOUNDS.**

BIOCHEMICAL OXYGEN DEMAND (Report one)	BOD-5						
	CBOD-5	<QL	mg/l	<QL	mg/l	6	SM5210-B 2
FECAL COLIFORM		15	N/CML	1	N/CML	12	SM9221-CE 2
TOTAL SUSPENDED SOLIDS (TSS)		2	mg/l	0.1	mg/l	6	SM2540-D 1

**END OF PART A.**  
**REFER TO THE APPLICATION OVERVIEW TO DETERMINE WHICH OTHER PARTS OF FORM 2A YOU MUST COMPLETE**

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**FACILITY NAME AND PERMIT NUMBER:**

Spotsylvania County High School VA0087271

Form Approved 1/14/99  
OMB Number 2040-0086**BASIC APPLICATION INFORMATION****PART C. CERTIFICATION**

All applicants must complete the Certification Section. Refer to instructions to determine who is an officer for the purposes of this certification. All applicants must complete all applicable sections of Form 2A, as explained in the Application Overview. Indicate below which parts of Form 2A you have completed and are submitting. By signing this certification statement, applicants confirm that they have reviewed Form 2A and have completed all sections that apply to the facility for which this application is submitted.

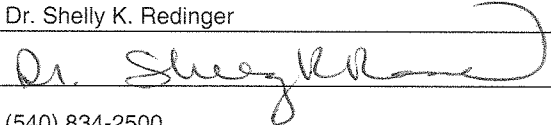
**Indicate which parts of Form 2A you have completed and are submitting:**

Basic Application Information packet

Supplemental Application Information packet:

☐ Part D (Expanded Effluent Testing Data)☐ Part E (Toxicity Testing: Biomonitoring Data)☐ Part F (Industrial User Discharges and RCRA/CERCLA Wastes)☐ Part G (Combined Sewer Systems)**ALL APPLICANTS MUST COMPLETE THE FOLLOWING CERTIFICATION.**

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate, and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Name and official title Dr. Shelly K. RedingerSignature Telephone number (540) 834-2500Date signed 10.5.2011

Upon request of the permitting authority, you must submit any other information necessary to assess wastewater treatment practices at the treatment works or identify appropriate permitting requirements.

**SEND COMPLETED FORMS TO:**

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VPDES Permit Application Addendum

1. Entity to whom the permit is to be issued: Spotsylvania County School Board

*Who will be legally responsible for the wastewater treatment facilities and compliance with the permit? This may or may not be the facility or property owner.*

2. Is this facility located within city or town boundaries? Yes ☐ No ☒

3. Provide the tax map parcel number for the land where the discharge is located. 60-A-18

4. For the facility to be covered by this permit, how many acres will be disturbed during the next five years due to new construction activities? None

5. What is the design average effluent flow of this facility? 0.028 MGD

For industrial facilities, provide the max. 30-day average production level, include units:

In addition to the design flow or production level, should the permit be written with limits for any other discharge flow tiers or production levels? Yes ☐ No ☒

If "Yes", please identify the other flow tiers (in MGD) or production levels:

*Please consider the following questions for both the flow tiers and the production levels (if applicable): Do you plan to expand operations during the next five years? Is your facility's design flow considerably greater than your current flow?*

6. Nature of operations generating wastewater:

Public School

10 % of flow from domestic

Number of private residences to be served by the treatment works: 0

       % of flow from non-domestic connections/sources

7. Mode of discharge: ☐ Continuous ☒ Intermittent ☐ Seasonal

Describe frequency and duration of intermittent or seasonal discharges:

Facility discharges only while school is in session

8. Identify the characteristics of the receiving stream at the point just above the facility's discharge point:

☒ Permanent stream, never dry

☐ Intermittent stream, usually flowing, sometimes dry

☐ Ephemeral stream, wet-weather flow, often dry

☐ Effluent-dependent stream, usually or always dry without effluent flow

☐ Lake or pond at or below the discharge point

☐ Other:       

9. Approval Date(s):

O & M Manual May 2002

Sludge/Solids Management Plan May 2002

Have there been any changes in your operations or procedures since the above approval dates? Yes ☐ No ☒

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## VPDES SEWAGE SLUDGE PERMIT APPLICATION FORM

## SCREENING INFORMATION

This application is divided into four sections. Section A pertains to all applicants. The applicability of Sections B, C and D depends on your facility's sewage sludge use or disposal practices. The information provided on this page will help you determine which sections to fill out.

1. All applicants must complete Section A (General Information).

2. Does this facility generate sewage sludge? ☒ Yes ☐ No

Does this facility derive a material from sewage sludge? ☐ Yes ☒ No

If you answered "Yes" to either, complete Section B (Generation Of Sewage Sludge or Preparation Of A Material Derived From Sewage Sludge).

3. Does this facility apply sewage sludge to the land? ☐ Yes ☒ No

Is sewage sludge from this facility applied to the land? ☐ Yes ☒ No

If you answer "No" to all above, skip Section C.

If you answered "Yes" to either, answer the following three questions:

a. Does the sewage sludge from this facility meet the ceiling concentrations, pollutant concentrations, Class A pathogen reduction requirements and one of the vector attraction reduction requirements 1-8, as identified in the instructions?  
☐ Yes ☐ No

b. Is sewage sludge from this facility placed in a bag or other container for sale or give-away for application to the land?  
☐ Yes ☐ No

c. Is sewage sludge from this facility sent to another facility for treatment or blending? ☐ Yes ☐ No

If you answered "No" to all three, complete Section C (Land Application Of Bulk Sewage Sludge).

If you answered "Yes" to a, b or c, skip Section C.

4. Do you own or operate a surface disposal site? ☐ Yes ☒ No

If "Yes", complete Section D (Surface Disposal).

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## SECTION A. GENERAL INFORMATION

*All applicants must complete this section.***1. Facility Information.**

- a. Facility name: Spotsylvania County High School
- b. Contact person: Dr. Shelly Redinger  
Title: Superintendent of Public Schools Spotsylvania County  
Phone: ( 540 ) 834-2500
- c. Mailing address:  
Street or P.O. Box: 8020 River Stone Drive  
City or Town: Spotsylvania State: Virginia Zip: 22407
- d. Facility location:  
Street or Route #: 6975 Courthouse Road  
County: Spotsylvania  
City or Town: Spotsylvania State: Virginia Zip: 22553
- e. Is this facility a Class I sludge management facility? ☐ Yes ☒ No
- f. Facility design flow rate: .028 mgd
- g. Total population served: 2180
- h. Indicate the type of facility:  
☒ Publicly owned treatment works (POTW)  
☐ Privately owned treatment works  
☐ Federally owned treatment works  
☐ Blending or treatment operation  
☐ Surface disposal site  
☐ Other (describe): \_\_\_\_\_

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**2. Applicant Information.** If the applicant is different from the above, provide the following:

- a. Applicant name: \_\_\_\_\_
- b. Mailing address:  
Street or P.O. Box: \_\_\_\_\_  
City or Town: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_
- c. Contact person: \_\_\_\_\_  
Title: \_\_\_\_\_  
Phone: ( \_\_\_\_\_ ) \_\_\_\_\_
- d. Is the applicant the owner or operator (or both) of this facility?  
☒ owner ☐ operator
- e. Should correspondence regarding this permit be directed to the facility or the applicant?  
☐ facility ☒ applicant

**3. Permit Information.**

- a. Facility's VPDES permit number (if applicable): VA0087271
- b. List on this form or an attachment, all other federal, state or local permits or construction approvals received or applied for that regulate this facility's sewage sludge management practices:

Permit Number: \_\_\_\_\_ Type of Permit: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

FACILITY NAME: Spotsylvania County High School

VPDES PERMIT NUMBER: VA0087271

4. **Indian Country.** Does any generation, treatment, storage, application to land or disposal of sewage sludge from this facility occur in Indian Country?        Yes   x   No If "Yes", describe:

5. **Topographic Map.** Provide a topographic map or maps (or other appropriate maps if a topographic map is unavailable) that shows the following information. Maps should include the area one mile beyond all property boundaries of the facility:
- Location of all sewage sludge management facilities, including locations where sewage sludge is generated, stored, treated, or disposed.
  - Location of all wells, springs, and other surface water bodies listed in public records or otherwise known to the applicant within 1/4 mile of the property boundaries.
6. **Line Drawing.** Provide a line drawing and/or a narrative description that identifies all sewage sludge processes that will be employed during the term of the permit including all processes used for collecting, dewatering, storing, or treating sewage sludge, the destination(s) of all liquids and solids leaving each unit, and all methods used for pathogen reduction and vector attraction reduction.
7. **Contractor Information.** Are any operational or maintenance aspects of this facility related to sewage sludge generation, treatment, use or disposal the responsibility of a contractor?   X   Yes        No  
If "Yes", provide the following for each contractor (attach additional pages if necessary).

Name: Spotsylvania County Utilities Department

Mailing address:

Street or P.O. Box: 10900 HCC Drive

City or Town: Fredericksburg

State: Virginia

Zip: 22408

Phone: ( 540 ) 507-7362

Contractor's Federal, State or Local Permit Number(s) applicable to this facility's sewage sludge:

VA0068110

If the contractor is responsible for the use and/or disposal of the sewage sludge, provide a description of the service to be provided to the applicant and the respective obligations of the applicant and the contractor(s).

8. **Pollutant Concentrations.** Using the table below or a separate attachment, provide sewage sludge monitoring data for the pollutants which limits in sewage sludge have been established in 9 VAC 25-31-10 et seq. for this facility's expected use or disposal practices. All data must be based on three or more samples taken at least one month apart and must be no more than four and one-half years old.

POLLUTANT	CONCENTRATION (mg/kg dry weight)	SAMPLE DATE	ANALYTICAL METHOD	DETECTION LEVEL FOR ANALYSIS
Arsenic	No Data Available			
Cadmium	No Data Available			
Chromium	No Data Available			
Copper	No Data Available			
Lead	No Data Available			
Mercury	No Data Available			
Molybdenum	No Data Available			
Nickel	No Data Available			
Selenium	No Data Available			
Zinc	No Data Available			

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OCT 7 2011  
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FACILITY NAME: Spotsylvania County High School

VPDES PERMIT NUMBER: VA0087271

9. **Certification.** Read and submit the following certification statement with this application. Refer to the instructions to determine who is an officer for purposes of this certification. Indicate which parts of the application you have completed and are submitting:

  X   Section A (General Information)

  X   Section B (Generation of Sewage Sludge or Preparation of a Material Derived from Sewage Sludge)

       Section C (Land Application of Bulk Sewage Sludge)

       Section D (Surface Disposal)

"I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gather and evaluate the information submitted. Based on my inquiry of the person or persons who manage the system or those persons directly responsible for gathering the information, the information is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations."

Name and official title: Dr. Shelly K. Redinger Superintendent of Public Schools

Signature  Date Signed 10/5/11

Telephone number ( 540 ) 894-2500

Upon request of the department, you must submit any other information necessary to assess sewage sludge use or disposal practices at your facility or identify appropriate permitting requirements.

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**SECTION B. GENERATION OF SEWAGE SLUDGE OR PREPARATION  
OF A MATERIAL DERIVED FROM SEWAGE SLUDGE**

*Complete this section if your facility generates sewage sludge or derives a material from sewage sludge*

**1. Amount Generated On Site.**

Total dry metric tons per 365-day period generated at your facility: .02 dry metric tons

**2. Amount Received from Off Site.** If your facility receives sewage sludge from another facility for treatment, use or disposal, provide the following information for each facility from which sewage sludge is received. If you receive sewage sludge from more than one facility, attach additional pages as necessary.

a. Facility name:

b. Contact Person:

Title:

Phone:

c. Mailing address:

Street or P.O. Box:

City or Town: \_\_\_\_\_ State:

d. Facility location:

(not P.O. Box)

e. Total dry metric tons per 365-day period received from this facility: \_\_\_\_\_ dry metric tons

f. Describe, on this form or on another sheet of paper, any treatment processes known to occur at the off-site facility, including blending activities and treatment to reduce pathogens or vector attraction characteristics:

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**3. Treatment Provided at Your Facility.**

a. Which class of pathogen reduction is achieved for the sewage sludge at your facility?

\_\_\_\_\_ Class A \_\_\_\_\_ Class B ☒ Neither or unknown

b. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce pathogens in sewage sludge: Aerated sludge storage

c. Which vector attraction reduction option is met for the sewage sludge at your facility?

\_\_\_\_\_ Option 1 (Minimum 38 percent reduction in volatile solids)

\_\_\_\_\_ Option 2 (Anaerobic process, with bench-scale demonstration)

\_\_\_\_\_ Option 3 (Aerobic process, with bench-scale demonstration)

\_\_\_\_\_ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)

\_\_\_\_\_ Option 5 (Aerobic processes plus raised temperature)

\_\_\_\_\_ Option 6 (Raise pH to 12 and retain at 11.5)

\_\_\_\_\_ Option 7 (75 percent solids with no unstabilized solids)

\_\_\_\_\_ Option 8 (90 percent solids with unstabilized solids)

☒ None or unknown

d. Describe, on this form or another sheet of paper, any treatment processes used at your facility to reduce vector attraction properties of sewage sludge: Aerated sludge storage

e. Describe, on this form or another sheet of paper, any other sewage sludge treatment activities, including blending, not identified in a - d above: \_\_\_\_\_

**4. Preparation of Sewage Sludge Meeting Ceiling and Pollutant Concentrations, Class A Pathogen Requirements and One of Vector Attraction Reduction Options 1-8 (EQ Sludge).**

*(If sewage sludge from your facility does not meet all of these criteria, skip Question 4.)*

- a. Total dry metric tons per 365-day period of sewage sludge subject to this section that is applied to the land:  
\_\_\_\_\_ dry metric tons
- b. Is sewage sludge subject to this section placed in bags or other containers for sale or give-away?  
\_\_\_\_\_ Yes \_\_\_\_\_ No

**5. Sale or Give-Away in a Bag or Other Container for Application to the Land.**

*(Complete this question if you place sewage sludge in a bag or other container for sale or give-away prior to land application. Skip this question if sewage sludge is covered in Question 4.)*

- a. Total dry metric tons per 365-day period of sewage sludge placed in a bag or other container at your facility for sale or give-away for application to the land: \_\_\_\_\_ dry metric tons
- b. Attach, with this application, a copy of all labels or notices that accompany the sewage sludge being sold or given away in a bag or other container for application to the land.

**6. Shipment Off Site for Treatment or Blending.**

*(Complete this question if sewage sludge from your facility is sent to another facility that provides treatment or blending. This question does not apply to sewage sludge sent directly to a land application or surface disposal site. Skip this question if the sewage sludge is covered in Questions 4 or 5. If you send sewage sludge to more than one facility, attach additional sheets as necessary.)*

- a. Receiving facility name: Massaponax WWTF

- b. Facility contact: Doug Crooks

Title: Superintendent of WWTF

Phone: ( 540 ) 507-7362

- c. Mailing address:

Street or P.O. Box: 10900 HCC Drive

City or Town: Fredericksburg

State: Virginia

Zip: 22408

- d. Total dry metric tons per 365-day period of sewage sludge provided to receiving facility:

.02 dry metric tons

- e. List, on this form or an attachment, the receiving facility's VPDES permit number as well as the numbers of all other federal, state or local permits that regulate the receiving facility's sewage sludge use or disposal practices:

Permit Number: \_\_\_\_\_

Type of Permit: \_\_\_\_\_

VA0025658

VPDES

- f. Does the receiving facility provide additional treatment to reduce pathogens in sewage sludge from your facility?  
\_\_\_X\_\_\_ Yes \_\_\_\_\_ No

Which class of pathogen reduction is achieved for the sewage sludge at the receiving facility?

\_\_\_X\_\_\_ Class A \_\_\_\_\_ Class B \_\_\_\_\_ Neither or unknown

Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce pathogens in sewage sludge: Static Pile Composting

- g. Does the receiving facility provide additional treatment to reduce vector attraction characteristics of the sewage sludge? \_\_\_X\_\_\_ Yes \_\_\_\_\_ No

Which vector attraction reduction option is met for the sewage sludge at the receiving facility?

\_\_\_\_\_ Option 1 (Minimum 38 percent reduction in volatile solids)

\_\_\_\_\_ Option 2 (Anaerobic process, with bench-scale demonstration)

\_\_\_\_\_ Option 3 (Aerobic process, with bench-scale demonstration)

\_\_\_\_\_ Option 4 (Specific oxygen uptake rate for aerobically digested sludge)

\_\_\_X\_\_\_ Option 5 (Aerobic processes plus raised temperature)

\_\_\_\_\_ Option 6 (Raise pH to 12 and retain at 11.5)

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OCT 7 2011  
DEQ-NRO

FACILITY NAME: Spotsylvania County High School

VPDES PERMIT NUMBER: VA0087271

☐ Option 7 (75 percent solids with no unstabilized solids)

☐ Option 8 (90 percent solids with unstabilized solids)

☐ None unknown

Describe, on this form or another sheet of paper, any treatment processes used at the receiving facility to reduce vector attraction properties of sewage sludge: \_\_\_\_\_

- h. Does the receiving facility provide any additional treatment or blending not identified in f or g above?

☐ Yes ☒ No

If "Yes", describe, on this form or another sheet of paper, the treatment processes not identified in f or g above: \_\_\_\_\_

- i. If you answered "Yes" to f, g or h above, attach a copy of any information you provide to the receiving facility to comply with the "notice and necessary information" requirement of 9 VAC 25-31-530.G.

- j. Does the receiving facility place sewage sludge from your facility in a bag or other container for sale or give-away for application to the land? ☐ Yes ☒ No

If "Yes", provide a copy of all labels or notices that accompany the product being sold or given away.

- k. Will the sewage sludge be transported to the receiving facility in a truck-mounted watertight tank normally used for such purposes? ☒ Yes ☐ No. If "No", provide description and specification on the vehicle used to transport the sewage sludge to the receiving facility.

Show the haul route(s) on a location map or briefly describe the haul route below and indicate the days of the week and the times of the day sewage sludge will be transported. Rt. 208 East to Rt. 3 East. Rt. 3 East to Rt. 2 & 17 South. Rt. 2 & 17 South to HCC Drive

**7. Land Application of Bulk Sewage Sludge.**

*(Complete Question 7.a if sewage sludge from your facility is applied to the land, unless the sewage sludge is covered in Questions 4, 5 or 6. Complete Question 7.b, c & d only if you are responsible for land application of sewage sludge.)*

- a. Total dry metric tons per 365-day period of sewage sludge applied to all land application sites:

\_\_\_\_\_ dry metric tons

- b. Do you identify all land application sites in Section C of this application? ☐ Yes ☐ No

If "No", submit a copy of the Land Application Plan (LAP) with this application (LAP should be prepared in accordance with the instructions).

- c. Are any land application sites located in States other than Virginia? ☐ Yes ☐ No

If "Yes", describe, on this form or on another sheet of paper, how you notify the permitting authority for the States where the land application sites are located. Provide a copy of the notification.

- d. Attach a copy of any information you provide to the owner or lease holder of the land application sites to comply with the "notice and necessary" information requirement of 9 VAC 25-31-530 F and/or H (Examples may be obtained in Appendix IV).

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